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THE CARE OF THE INDIGENT AGED IN BOARDING HOMES IN BOSTON

A Thesis

Submitted by

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## Chapter I

### INTRODUCTION

#### (a) Purpose of the Study

This study represents an attempt, first to describe the means by which care for the indigent aged is provided in private boarding homes<sup>1</sup> in Boston, and secondly to analyze to some degree the ways in which the present pattern of care is meeting, or is failing to meet, the needs of the aged person. There has been no attempt to judge the adequacy of the medical care available in boarding homes, nor has much consideration been given to the quality of physical necessities which are provided, such as food, clothing, and housing. The emphasis is placed, throughout, upon the opportunities which the boarding home provides for the patient to achieve the maximum degree of well-being and happiness, commensurate with his individual capacity. It is hoped that the study will show the extent to which a patient in a boarding home is able to continue his intellectual pursuits, enjoy recreation, and satisfy his emotional needs.

#### (b) Method

The twenty-eight persons who were studied, all of whom were over sixty-five years of age and recipients of Old Age Assistance, were patients who had been discharged to licensed boarding homes for the aged from the Boston City Hospital during the months of November and December, 1942, and January, February, March, and April, 1943, and were still in

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<sup>1</sup> A private boarding home is defined as follows: "Whoever maintains a home in which three or more persons over the age of sixty years and not members of his immediate family are provided with care, shall be deemed to run a home for aged persons..." G. Frank McDonald, Report on Boarding Homes for Aged Persons, 1942, p. 1.



the boarding homes at the time the study was made in May, 1943. The patients had been at the homes varying lengths of time--the shortest period being two months and the longest seven months. At the time the visits were made, the twenty-eight patients had been at the homes an average of four and one-tenth months.

On the Medical and Surgical Services at the Boston City Hospital there are a total of eight social workers who have approximately the same number and the same type of cases. These workers are frequently responsible for arranging for the care of aged persons upon their discharge from the hospital, and hence have occasion to refer patients to boarding homes. In order that both types of problems, that is, those connected with illness and those connected with an operation or an accident, might be studied, both patients discharged from the medical and from the surgical wards were selected. For the purpose of limiting the study, the caseloads of four workers, two of whom were attached to Medical Services and two of whom were attached to Surgical Services, were studied.

It was found that in the six months period from November 1, 1942, to May 1, 1943, these four workers had referred in all seventy persons receiving Old Age Assistance to twenty-six licensed boarding homes. At the time the study was made, it was found that of these seventy patients who had been referred, twenty-eight were still in the homes to which they had originally been sent, eight were dead, one had been committed to a mental hospital, three had gone to other boarding homes, and the others had gone either to relatives or to live alone. Inasmuch as the hospital had already closed these cases before the study was made, the information regarding the whereabouts of those patients who had left the homes had to be



obtained from the boarding home directors, and the latter were often vague as to the patient's present residence.

The evidence contained in the study was obtained from social case records of the Boston City Hospital, visits to the boarding homes, personal interviews at the boarding homes with each of the twenty-eight patients, and personal interviews with the directors of the homes. Inasmuch as one of the homes, St. Monica's, is maintained by St. Margarets, an Episcopal Order, and receives support from the Community Fund, it cannot be considered a boarding home and was not included in the study. However, one of the twenty-eight patients was referred there, and hence was visited.

Personal interviews were also held with public administrators and social workers in Boston, who are connected with agencies which minister to the needs of the aged.



## Chapter II

### THE AGED IN AMERICA TODAY

It has long been recognized by sociologists that the attitude toward, and the resultant treatment of the aged, varies greatly from one country to another, and from one century to another in the same country. In ancient Greece the aged were venerated sages, believed to have oracular powers. In China today old people are accorded an honored place in the household and are cared for by relatives, although the relationship is sometimes a remote one. In agricultural civilizations, greater deference is paid to the aged, because the battle for existence is less intense, and the older person is able to contribute to the welfare of the family in a material and meaningful way. Agricultural labor is strenuous but it permits many different paces and a great variety of tasks, and it may be apportioned according to the capacity of the individual worker.<sup>1</sup>

When this country was predominantly rural, the aged were given an honored place in the household. The capacity of the dwelling could always be stretched to accommodate one more person, food was plentiful, there were innumerable light tasks which could be performed by the older person, and hence the presence of a grandfather or a grandmother in the home was accepted and, in fact, welcomed. There were vegetables to be prepared, quilts to be pieced, grandchildren to be rocked, and the aged could look forward to spending their last years in their children's homes as useful, productive, and revered members of the family group.

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1 I. Rubinow, "Old Age", Encyclopedia of the Social Sciences 11:453, 1933.



With the trend toward urbanism has come a change in the American attitude toward the aged person. "...limited housing space and high rentals tend to make the support of parents a burdensome and costly factor in the life of the average working man."<sup>2</sup> Families are crowded into small city apartments and each additional person means a directly proportional increase in the living expenses of the family. The intense competition in the industrial field means that every extra person who must be housed and fed places an added burden on the wage earner. Household tasks have been simplified and hence the aged person becomes a liability, not only because of the cost of his care, but also because he is unable to perform the work by means of which, in former days, he contributed to the household economy. It is not within the scope of this study to inquire into the other factors which have been responsible for the changed attitude toward the aged, but nevertheless it is an observed fact that children no longer feel responsible for the care of their parents to the extent that they did fifty years ago.<sup>3</sup> In much the same way as primitive civilizations disregarded the needs of the weak and economically dependent, so America tends to do today. In a culture where production and armies are the chief ends, old people are in the way.<sup>4</sup>

At the same time in a country where a large proportion of the population is engaged in industry and the value of a workman depends upon his speed, dexterity, and strength, old age brings with it the inability to

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2 I. Rubinow, "Old Age", Encyclopedia of the Social Sciences 11:454, 1933.

3 G. Frank MacDonald, personal interview, 6-15-43.

4 James Plant, Personality and the Cultural Pattern, p. 168.



find employment and economic dependency.

The industrial revolution has transformed a rapidly increasing proportion of the population into wage earners, and the economic difficulties which confront the aged are inherent in the very nature of the wage system."<sup>5</sup>

In the professions the aged are able to maintain their place, but it is the industrial and unskilled workers who are laid off and become dependent. The care of the aged has become almost a class problem. "It seems that in business and in the professions, maturity of judgment and ripened experience offset, to some extent, the disadvantage of old age, but in manual labor there are no offsets."<sup>6</sup>

It was estimated that of the 6,500,000 persons over sixty-five years of age in this country in 1930, 1,900,000 had no property and over 2,400,000 no earnings, and 1,200,000 had neither, so that the problem of destitution was acute for one-third of the group.<sup>7</sup>

It must also be noted that the group of persons over sixty-five years of age in America is increasing in proportion to the total population. In 1860, 2.7 per cent of the population were over sixty-five; in 1930, 5.4 per cent were, and it is estimated that by 1960, 9.3 per cent will be over sixty-five.<sup>8</sup> Thus the problem of providing proper care for aged persons is growing more acute rather than lessening.

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5 I. Rubinow, "Old Age", Encyclopedia of the Social Sciences 11:454, 1933.

6 Ruth Fuller, Condition and Needs of the Aged Thesis, Boston University, 1940, p. 4.

7 I. Rubinow, "Old Age", Encyclopedia of the Social Sciences 11:456, 1933.

8 Social Security Board, Social Security in America, p. 141.



### The Old Age Group in Boston

According to the census of 1940, the group of persons over sixty-five in Boston was approximately 8 per cent of the city's total population.<sup>9</sup> In December, 1942, there were 15,308 persons receiving Old Age Assistance in Boston.<sup>10</sup> These figures are included in this study because the number of recipients is pertinent to any discussion relating to boarding home care. When the aged, economically dependent person is no longer able to look after himself and the problem of providing care must be met, placement in a private boarding home is frequently the plan which is adopted.

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<sup>9</sup> Bureau of the Census, U.S. Department of Commerce, Reports on Population, Massachusetts, Second Series, 1943, p. 86.

<sup>10</sup> Department of Public Welfare of the City of Boston Statistical Reports.



### Chapter III

#### BOARDING HOMES FOR THE AGED

For many years private boarding homes, or nursing homes as they are sometimes called, have been used in Massachusetts to care for those elderly people who were without relatives or whose relatives were unable to provide accommodations in their own homes. A State law, passed in 1930, granted old age assistance, and this meant that many aged, dependent persons, who might formerly have gone to the City Infirmary, were able to pay for their care in privately operated boarding homes. The passage of the Social Security Act in 1935, with its provision of Federal funds for Old Age Assistance, has made possible an increase in the number of aged persons receiving relief, and the number cared for in boarding homes has likewise become larger.<sup>1</sup>

The law prohibits the payment of Federal money to public institutions, and therefore the town and city infirmaries cannot be reimbursed for care which they may provide to persons receiving Old Age Assistance. Furthermore, the stigma attached to infirmaries or "poorhouses" in the past still prevails, and those who are eligible for Old Age Assistance count themselves lucky to be able to pay for their care in a private boarding home rather than being forced to go to the City Infirmary.

These factors have encouraged the establishment of private boarding homes, and today there are 777 licensed homes in Massachusetts, and 102 in the city of Boston alone.<sup>2</sup> "One of the most extraordinary develop-

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1 G. Frank MacDonald, personal interview.

2 G. Frank MacDonald, personal interview.



ments of recent years has been the mushroom growth of this new enterprise, boarding home for aged persons."<sup>3</sup> It seems evident that, due largely to Old Age Assistance, the private boarding home is now replacing the city infirmary and the county farm as a means of caring for the economically dependent aged person.

A study of the persons in boarding homes for the aged, made in 1942, revealed that of the total number in homes, 64.5 per cent were receiving Old Age Assistance or Public Welfare.<sup>4</sup> In the nineteen homes which were used in the writer's study, 69 per cent of the total population of the homes were Old Age Assistance recipients.

The Work of the State Board for the  
Licensing of Boarding Homes for the Aged

Inasmuch as the private boarding home is playing so important a part in the present pattern of care for the aged, it is important to describe the way in which these homes are licensed and supervised. In 1929 a law was enacted for the licensing of these homes when it was brought to the attention of the Public Welfare Department that in some cases the inmates were not receiving proper treatment.

The law provides that whoever maintains a home in which three or more persons over the age of sixty and not members of his immediate family are provided with care, shall be deemed to run a nursing home for aged persons, and the Department of Public Welfare is delegated to issue licenses and to make, alter, and amend the rules and regulations for the government of these homes. These licenses are issued for a term of two years and may be revoked at any time by the Department for cause, and carry a penalty of five hundred dollars for the

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<sup>3</sup> G. Frank MacDonald, Report on Boarding Homes for Aged Persons, 1942, p. 1.

<sup>4</sup> G. Frank MacDonald, personal interview.



first offense, and two years in jail for the second offense, for failure to license. It further provides that any person proposing to enter into a contract to provide care, incident to advanced age, for life or for more than five years, for any person over sixty years of age and not a member of his family, shall report this fact immediately to the Department and shall before entering into or receiving any consideration under such a contract, deposit with the State Treasurer a bond in a sum and in amount satisfactory to the Department as security for the proper care of the aged person.<sup>5</sup>

In 1940 the rules and regulations were revised and made more specific.

They deal with such matters as types of patients who may be admitted; regulations governing the provision of medical care; position of sleeping rooms; fire escapes; amount of air space required for each patient; type of beds; toilet facilities; register of patients; records of menus served; and so on.<sup>6</sup>

Another forward step was taken in the matter of the classification of homes.

The Class A home is a home where the facilities of a registered or a graduate nurse of an accredited nursing school are obtained... The Class B home is a home where the facilities of a practical nurse who has had some experience in caring for the aged are obtained... A list showing the classification is sent to all our district offices for distribution to bureaus in their area, to hospitals, and to private agencies for their use.<sup>7</sup>

The law states that any "suitable person" may be licensed to maintain a boarding home, and when a woman decides that she is interested in undertaking such a project, she must first of all fill out an application for a license and obtain thereon the signatures, first, of the chairman of her local Board of Public Welfare, and secondly, of three doctors or

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5 G. Frank MacDonald, Report on Boarding Homes for Aged Persons, 1942, p. 1.

6 Ibid. p. 1-2.

7 Ibid. p. 2-3.



clergymen who state that in their opinion the person making application is a "reliable and trustworthy person" and that they have "no hesitation in recommending her for the purpose herein stated."<sup>8</sup> After the application has been received, the three references are contacted in order to make sure that they are satisfactory, and if such is the case, the Building Department is instructed to inspect the premises and ascertain whether or not the house meets the building requirements of the city. If the building report is satisfactory, the Supervisor of licensed boarding homes for the aged, G. Frank MacDonald, goes himself and makes further investigations as to fire hazards, and allots the number of beds which may be placed in each room.

At this time he talks with the potential director of the home in an effort to evaluate her ability and interest in maintaining a home where the patients will receive such nursing care as they need, good food, physical comfort, and above all, patient, kindly, understanding treatment. There are three things, Mr. MacDonald says, which he attempts to make sure will prevail in each home: good food, a warm bed, and kindness. Try as he will to evaluate the personality of the director in an endeavor to judge whether or not she is a suitable person to care for elderly people, he is forced to depend largely upon the method of trial and error. The proof of the pudding is in the eating, and it is only after a home has been in operation and he has evidence from his own visits, from the reports of patients and their relatives, and from the visits of social

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<sup>8</sup> Application for License to Maintain a Boarding Home for Aged Persons.



workers, that he is able to form any opinion as to whether or not his initial judgment was correct. Even after a home has been running it is extremely difficult to determine whether or not the patients are receiving good care. The most frequent reasons for the revocation of licenses are: over-crowding, insufficient and poor food, intoxicants, and ill-treatment of patients.

Mr. MacDonald is the only person in his department who inspects boarding homes, and inasmuch as there are 777 in the State and 102 in the City of Boston, he is able to visit each one on the average of only once a year. If he receives complaints, or there is a question as to the suitability of the home, he visits more frequently and times his visits so as to arrive at odd and unexpected hours.

Mr. MacDonald feels that the social workers who place patients in these homes could render far more service than they do, in the way of visiting and reporting to the licensing board the conditions which they find or the complaints which they hear. He has had the experience of having social workers complain because homes, which were unfit to care for elderly people, were closed. The workers objected on the grounds that they needed homes in which to place patients, and that the revocation of licenses increased their difficulties in finding accommodations.

Mr. MacDonald states that the problems connected with providing suitable care in boarding homes are many, and are being aggravated by the war conditions. As has already been mentioned, he is unable, single-handed, to make the number of visits to homes which he believes are essential to adequate supervision.



The demand for beds has increased tremendously during the past year, whereas applications for boarding home licenses have been falling off. It is difficult, therefore, to maintain high standards for homes and at the same time make sure that the necessary bed space will be available.

Because of the over-crowded conditions in the hospitals, there is often pressure from the administrative officials on the doctors, and thence on the social workers, to move patients who are still in need of hospital care from the crowded wards to boarding homes. This means that occasionally homes which are in no sense equipped to give expert nursing care take patients whose very lives depend upon their receiving skilled nursing.

Boarding homes suffer, of course, from the current shortage of labor and the high cost of getting help, and hence some have been forced to curtail their staff, which of necessity reduces the quality of the nursing care which they give.

Another problem which Mr. MacDonald mentioned is the fact that boarding home directors are in the business to earn their living, and hence must make a profit above the cost of providing care. The Commonwealth or the City could furnish the same amount of service and would be under no compulsion to make money. Furthermore, there are modern, well-equipped infirmaries or county farms which could easily be converted to care for aged persons, but due to the laws prohibiting the payment of Federal funds to public institutions, such a solution of the problem is impossible at the present time.



Mr. MacDonald deplores also the inactivity on the part of patients which seems to prevail in most boarding homes. He says of the patients, "They do nothing but sit and wait for the Grim Reaper."<sup>9</sup> He talks to the directors about the importance of providing interests and activities in the way of a radio or daily papers, but at the same time he realizes that the nurses, harassed by heavy nursing loads and extra household duties, have little time to devote to the patients' recreation.

#### Nursing Home Information Bureau

The State Licensing Board, by virtue of its power to give and to revoke licenses, is the most authoritative and the most effective agency in supervising boarding homes. However, there are other groups which, although they operate in an unofficial capacity and have, of themselves, no legal means of enforcing standards, are able to bring pressure upon the homes to improve conditions. These groups have influence, both by virtue of their own prestige and also because they work in close cooperation with the State Licensing Board and their criticisms and recommendations carry great weight with that agency.

Such an organization is the Nursing Home Information Bureau, which is sponsored by the Hospital Council of Boston and operates in connection with the Boston Council of Social Agencies. In 1938 the Council completed a study on convalescent care in Boston<sup>10</sup>, during the course of which the investigator visited not only licensed boarding homes for the aged but

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<sup>9</sup> Personal interview.

<sup>10</sup> Research Bureau, Boston Council of Social Agencies, Facilities for Convalescent Care in Boston, 1938.



also homes which were giving convalescent care. The report states that

The special weakness of nursing homes<sup>11</sup> is that they are unsupervised. Many owners would, however, welcome advice and help from medical social workers...Some of the privately operated homes are nothing more than private almshouses. Conditions exist which would not be tolerated in public institutions.<sup>12</sup>

This study recommended that a central directory of nursing homes should be established by the Boston Council of Social Agencies. Such a bureau was set up in 1938 and is still functioning effectively. The Director of the Bureau first obtained a list of nursing homes from medical social workers. Letters were then sent to the directors of the homes, explaining the new service which was being offered and asking them, if they were interested in taking part in it, to fill out a questionnaire giving information on personnel, physical equipment, rates, types of cases received, and so on. The directors were told that cooperation on their part was purely voluntary. In all 245 letters were sent and eighty-five questionnaires were returned.<sup>13</sup> These eighty-five homes were then visited and additional information regarding them was placed on file. By 1940 the Bureau had information available on more than 225 privately operated homes<sup>14</sup> and the files are kept up-to-date by visits, questionnaires, and reports from social workers.

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11 Nursing home is defined as follows: "The nursing home is, in general, a private home in which a nurse or person interested in the care of the sick undertakes to accept for care patients whom the community offers no adequate facilities...there is no licensing of these homes as nursing homes..." Research Bureau, Boston Council of Social Agencies, Facilities for Convalescent Care in Boston, 1938, p. 31.

12 Ibid. p. 43

13 Boston Council of Hospitals, Annual Report, 1938, p. 5.

14 Boston Council of Hospitals, Annual Report, 1940, p. 7.



The Bureau is interested in facilities for convalescent care primarily, rather than in boarding homes for the aged, but inasmuch as the two frequently overlap, the Bureau has been an important factor in raising the standards and checking conditions in the latter type of home.

The Bureau's information is available to any hospital, doctor, or social worker, and the Director receives calls every day regarding location of homes, rates, and the conditions prevailing in particular homes. The Bureau itself can take no legal action against poor conditions, but the homes' personnel appreciate that the Bureau is constantly consulted by social workers, and that its opinion carries weight with those agencies which place patients. Furthermore, it works closely with the State Licensing Board, and abuses are reported to that department.

#### Inspector of Boarding Homes Appointed by City of Boston

For the past three months, a worker in the Old Age Assistance Department, who is also a trained nurse, has been visiting and supervising convalescent, nursing, and boarding homes which are used by the Department of Public Welfare. She makes reports to her own department, but at the same time keeps Mr. MacDonald informed of existing conditions, and the evidence which she presents may result in the removal of a home's license.<sup>15</sup>

#### Social Workers

Old Age Assistance visitors and medical social visitors provide another means of supervision. However, many workers use homes which they have never visited, or which they have not visited in two or three years.

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<sup>15</sup> Miss Catherine Noonan, Supervisor, Old Age Assistance, City of Boston, personal interview.



Inasmuch as conditions may change rapidly due to changing personnel, frequent check-ups are essential if the interests of the patients are to be safe-guarded.

Of the four workers whose caseloads served as a basis for this study, two reported that they had visited 50 per cent of all the homes which they used, the third that she had visited 22 per cent, and the fourth that she had visited none. This shows that on the average only 30.5 per cent of all the homes used by these workers had been visited by them.



## Chapter IV

### AN ANALYSIS OF CERTAIN CHARACTERISTICS OF THE HOMES STUDIED

Of the 102 licensed boarding homes for the aged in Boston, nineteen, or approximately one-fifth, were visited. It is not intended that these nineteen should be considered a representative sample of all boarding homes for the aged. Some homes will not take patients at less than twenty-five dollars per week, and these are able, of course, to offer superior accommodations. Mr. MacDonald stated that the homes visited were a good representative sample of the homes available for Old Age Assistance recipients, and that a description of the conditions prevailing in these homes would give an accurate picture of the homes for aged, economically dependent persons throughout the city.<sup>1</sup>

#### Location of the Homes

Of the 102 boarding homes in Boston, 68 per cent are located in Dorchester, Roxbury, or Jamaica Plain. Of the total number of homes used by the four workers at the Boston City Hospital during the six months period, 93 per cent were located either in Dorchester, Roxbury, or Jamaica Plain, and of the nineteen homes visited in the study, 95 per cent were located in these sections--nine in Dorchester, three in Roxbury, six in Jamaica Plain, and one in Brighton.

The hospital uses homes in these sections almost exclusively, partly because they are more accessible to the hospital and partly because the concentration of homes is so much greater than in other areas.

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1 G. Frank MacDonald, personal interview.



### Type of Neighborhood

For the purpose of describing to some degree the types of neighborhood in which the homes were situated, three classifications were set up. First, "business area", meaning thereby a main thoroughfare on which street cars ran and where there were shops and stores as well as houses; secondly, a "good residential neighborhood"--one in which the buildings were predominantly dwelling houses, well painted and in good repair; and third, "poor residential neighborhood"--one in which the buildings, although predominantly dwelling houses, were in need of painting and looked "down-at-the heels."

According to these classifications, two of the homes were located in business areas; nine were located in good residential neighborhoods; and eight were found in poor residential sections.

The writer does not feel that the type of neighborhood is necessarily an important factor in judging the excellence of a home, because it seems obvious that the conditions prevailing within the house are of more importance than the surroundings. It is interesting to note, however, that 42 per cent of the homes were in neighborhoods where the houses showed need of repair and paint, and it may be assumed that property values and rentals were lower in these sections than in the better kept portions of the city.

Three of the homes were in neighborhoods which looked as if they had at one time been "show" residential sections. The houses were large, set back in spacious lawns with trees and shrubs, but the homes seemed to have fallen on evil days. The lawns were uncut, the blinds sagging; they



needed painting and produced a decadent, uncared-for appearance.

### Style of House

In his report on boarding homes, G. Frank MacDonald says,

In construction the boarding homes are amazingly alike. The homes are usually in houses built during the days when rooms were large and house plans were rambling. They are ideal for this work, particularly large estates that have been abandoned or have been foreclosed.<sup>2</sup>

In the nineteen homes which were visited, the architecture of ten might be called pretentious. The houses were large, with spacious rooms, high ceilings, and wide windows. One of them, a twenty-four room mansion, had been the estate of an ex-governor of Massachusetts and the interior was elaborate with stenciled ceilings and carved woodwork. The other homes visited were of a less pretentious style. Two of them were two-family houses which had been converted by using both parts.

It was noted that eight of the homes visited seemed to be in need of painting. After visiting the nineteen homes, the sight of an old-fashioned mansion, in need of paint and looking as though it had known better days, would call forth the unconscious reaction on the part of the writer, "That would make a good boarding home."

### Interior of the Homes

In order to rate the impression given by the interior of the house as objectively as possible, a scale was made and the appearance of the walls, furniture, beds, and curtains, and the presence of pictures and knickknacks, was scored.

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2 G. Frank MacDonald, Report on Boarding Homes for the Aged, p. 5.



The criteria used were roughly as follows:

#### Walls

- 0--Dark and dingy
- 1--Light but not freshly refinished
- 2--Freshly papered or painted and cheerful in color

#### Furniture

- 0--Shabby and old
- 1--Fairly good condition
- 2--Attractive and pleasing in design

#### Beds

- 0--No bedspreads and old, soiled-looking blankets
- 1--White bedspreads
- 2--Colorful bedspreads

#### Curtains

- 0--No curtains at all or skimpy, grayish ones which had once been white
- 1--Curtains in fairly good condition
- 2--Colorful, freshly laundered and attractive

#### Pictures and knickknacks

- 0--None at all
- 1--Two or three pictures, but the general impression produced was one of bareness
- 2--Enough pictures and knickknacks so that the rooms had a homelike, lived-in appearance

It should be recognized that the highest score was given for attractive, homelike furnishings, rather than for purely utilitarian ones. Thus white iron beds, white bedspreads, and the complete absence of any pictures or knickknacks may be desirable for a hospital, but they do not seem the type of equipment best fitted to cheer aged people who often spend months and even years in their rooms. The patients' bedrooms were considered primarily in the scoring, because these seemed to be the rooms in which they spent most of their time. Occasionally the living room would



be attractive, with chintz-covered furniture and colorful draperies, whereas the rooms which the patients used would be drab and cheerless.

Using this method of grading, the homes received scores as follows:

TABLE I.

SCORES RECEIVED BY HOMES ON BASIS OF ATTRACTIVENESS

Number of Homes	Score Received
4	2
1	3
2	4
4	5
2	6
0	7
1	8
2	9
3	10

Thus, judged by these standards for cheerful, attractive interiors, over 35 per cent of the homes received a score of less than five; approximately the same percentage received scores of eight or higher, and the others fell between the two. This scoring is, of course, very rough, but the writer believes that it does show fairly accurately the general impression created by the nineteen homes. Two descriptions may help further to clarify the picture.

The A. home received a score of four on the appearance-of-interior chart. It is situated on a quiet, winding, residential street, and the homes about it are large and well-kept. The house itself is large and rather pretentious in style, but it needs painting and looks run-down. One enters first a large reception hall and is assailed by that peculiar odor, at the same time acrid and musty, which seems to be characteristic of certain boarding homes and is compounded evidently of the smells of unaired rooms and soiled bed linen. All of the rooms on the ground floor, with the exception of the kitchen and the hall, have been converted into rooms for patients. The painted walls are dingy and nondescript in color. At



the windows are green shades and bedraggled, skimpy curtains which were once white but are now gray and have lost all trace of freshness. The dark iron beds have white bedspreads, and the furniture is dark and scanty in amount. Beside each bed is a chair and a table. Throughout the rooms there is no color, nor any evidence of an effort to create a cheerful, attractive, homelike atmosphere.

This bare, dreary appearance was characteristic of at least seven, or 35 per cent, of the homes which were visited.

The B. home received a score of ten on the chart. It is located on a boulevard and is of modern design and in good condition. Originally it had been a two-family house, but both floors are now used for the care of patients. The interior is sunny, colorful, and cheerful. The walls are painted in soft, pastel shades; the curtains are freshly laundered, and there are colorful bedspreads which blend with the walls.

In all, three homes were outstandingly attractive and received scores of ten, while three others were given scores of eight or nine. It is recognized that there is no correlation necessarily between an attractive home and happiness and contentment on the part of the patients, but pleasant surroundings may easily be a contributing factor in that contentment, and in any case, no analysis of boarding homes would be complete without a description of their interiors.

#### Rating

The ratings of A or B which are awarded by the supervisor of the boarding homes according to the quality of nursing care provided<sup>3</sup> were distributed among the nineteen visited as follows: six had ratings of A, and thirteen had ratings of B.

#### Number of Patients

The total number of patients in the nineteen homes visited was 407,

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3 See page 10 for definitions of Grade A and Grade B homes.



and the population varied from ten patients in one home to forty-four in another. The enrollment of the nineteen homes may be shown as follows:

TABLE II.

## NUMBER OF PATIENTS IN HOMES STUDIED

Number of Patients	Homes
Between 10 and 14	5
" 15 " 19	6
" 20 " 24	3
" 25 " 29	2
" 30 " 34	0
" 35 " 39	1
" 40 " 45	2

The median number of patients in the homes was 16.2 and the mean was 21. In this case the median seems to express more accurately than the mean the number of persons in the homes. The mean is affected by a small number (three) of homes which have large numbers (thirty-nine, forty, and forty-four) of patients.

Population According to Sex

All but two of the homes accepted both sexes. One of the homes, having eighteen patients, took only women, whereas another, with a capacity of nineteen, accepted only men. Five of the directors stated that they preferred men patients on the grounds that the men weren't "fussy"; they would eat what was set before them and enjoy it. Furthermore, they got along together better than women, and didn't mind having to share their room with three or four other men. Women in a similar situation were given to "scrapping" and to feeling that having three or four roommates was an unendurable intrusion upon their privacy. The three directors who



said that they preferred women gave as their reasons that men were "dirtier" than women and that they had to have shaves and haircuts, both of which demanded the expenditure of time or money or both on the director's part. No preference as to sex was given by the other directors.

It is interesting that Francis Bardwell, who was State Visitor of Almshouses and for years traveled the length and breadth of Massachusetts, visiting the aged people at the County Farms, says in his book, The Adventure of Old Age, that it is easier for men to adjust to life in an almshouse than for women. Men are more used to being out in the world and mixing with other people, and it is easier for them to adapt themselves to other people's whims and idiosyncracies.<sup>4</sup> In this same connection, one of the directors stated that of all patients, the most difficult to satisfy is the elderly woman who has lived alone for many years.

Of the total number of patients in the nineteen homes, 266, or 65 per cent, were women and 141, or 35 per cent, were men. The aged dependent man is more apt to be sent to a public institution, whereas the woman is cared for in a private boarding home.

#### Rates

The standard amount available for the care of Old Age Assistance cases is \$43.00 per month for ambulatory patients, and \$46.00 per month for bed patients. If it is necessary to pay a higher rate for a bed patient, approval for this expenditure may be obtained through the central office.

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4 Francis Bardwell, The Adventure of Old Age, p. 5.



All of the homes reported that their rates had gone up during the past year. In fact, rates have gone up recently, so that homes which a month or two ago were accepting patients at the above rates are no longer willing to do so. On June 22, 1943, the rates in the nineteen homes were reported as follows:

#### Bed patients

Six of the homes reported that they did not accept bed patients. With some of the homes this has been a policy of long standing, but others have been forced to adopt it recently because of the difficulty of getting help. For those homes who do take bed patients, seven said that they would take them at the rate of \$46.00 per month, and in the remaining homes the rates ranged from \$60.00 to \$80.00 per month.

#### Ambulatory patients

For ambulatory patients, the rates in the nineteen homes were reported as follows:

TABLE III.

#### RATES FOR AMBULATORY PATIENTS

Rates per Month	Number of Homes which Accept Patients at These Rates
\$43.00	13
\$45.00	1
\$46.00	1
\$48.00	2
\$60.00	2

This means that if patients are to be cared for in the higher priced homes, the Old Age Assistance rates must be supplemented from some other source. The Old Age Assistance Department sometimes increases its



allotment up to \$52.00, \$65.00, or \$78.00 per month, depending upon the amount of care which is needed,<sup>5</sup> but where this increase is not granted, patients must either go to lower priced homes or supplementation must be obtained either from the family or from a private agency.

Placement of patients in lower priced homes is not a satisfactory solution because the demand for beds is so great that it is often difficult to find a vacancy. Supplementation is difficult because many patients have no families and private agencies are loath to undertake the expense of providing funds in chronic care cases where disbursement may continue over a long period of time.

The four workers at the Boston City Hospital reported that one of the most baffling problems at present in connection with boarding home placement is finding homes which are willing to take patients, particularly bed cases, for the amount of money which is available. They reported furthermore that it is becoming increasingly difficult to find accommodations in any home because the demand for beds has increased so markedly within the past year.

This statement was borne out by the boarding home directors who reported in every case, except one, that the demand for beds had increased. The one dissenting director said that her home had always been full and that she could see no difference.

#### Number of Old Age Assistance Recipients in the Homes

Of the total population of the nineteen homes, 281, or 69 per cent,

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<sup>5</sup> Miss Catherine Noonan, Supervisor, Old Age Assistance, City of Boston, personal interview.



were Old Age Assistance recipients.

### Religious Services in the Homes

Each of the homes studied reported that there was no religious preference and that patients of all faiths were accepted.

It seems to be the general policy for the priest of the parish in which the home is situated to visit the home once a month, hear confessions, and give communion to the Catholic patients. Of the seventeen homes having white patients, one reported that the priest came once every three months, another that he came once every two months, and all of the others stated that he came every month. The two negro homes rarely have a Catholic patient, and so the priest does not visit regularly.

In one of the homes, in which there were nineteen Catholic patients, the director reported that most of them gathered around the radio on Friday nights in order to hear a novena. In one of the homes, one of the patients, with great pride, took the writer to see a lovely little chapel which had been converted to its present use by fitting out one of the rooms with an altar, figures of the Madonna, and small, specially constructed pews. The patient had employed her skill in lace-making and had made special cloths for the altar. Service is conducted in this chapel every month by a priest.

In the two negro homes it was customary for a Protestant minister to come every month and hold a service. In the other boarding homes the activities of the Protestant ministers seemed to be rather limited. In one home where the number of patients is large and the director was engaged in religious education work before she started a nursing home, a



Protestant minister holds a regular service each week and a church group comes occasionally and holds a special service. Another home reported that a minister calls on the patients regularly once a month. These four homes--two negro and two white--were the only ones which reported regular visits by a Protestant minister. Occasionally an individual patient will be visited by his own minister, but in fifteen of the homes there were no regular Protestant services or visits.

#### Extent to which Patients Do Simple Jobs around the Home

It is impossible to give any accurate figures as to the extent to which patients do simple housekeeping tasks, but the question elicited interesting reactions on the part of the directors. Some said that the patients didn't do anything; that they weren't interested, and furthermore felt that since their care was being paid for, they were under no obligation to work. Some of the other directors described simple jobs performed regularly by some of the patients, and in nearly every case these were the directors who expressed the idea that it was valuable for aged people to be busy, that activity made them happier, and that they should be encouraged, in every possible way, to perform tasks commensurate with their strength.

The following are some of the comments which the directors made when asked whether or not the patients did any work:

A few make their beds but do nothing else. They feel that they are paying for their care and shouldn't do any work.

Some make their own beds, but I don't let them do anything else, I couldn't be bothered.

Some of the patients do odd jobs. One lady always sweeps the sidewalks. It's good for them to do things. Makes them feel important.



The patients who have something to do are much happier than the ones that don't. Mrs. \_\_\_\_\_ does the sitting room every day, and keeps it spotless. Miss \_\_\_\_\_ loves to iron. It makes them happier to feel useful. The unhappy ones are those who sit around with nothing to do.

One man sweeps the porches every day and he enjoys this. It's important for old people to be as active as possible.

At the time of the writer's visit in one of the homes, a brisk, slight, gray-haired lady, with a look of scowling concentration on her face, was pressing the chintz covers on the living room furniture. The director explained afterward that when the covers had been put on the day before, the old lady had commented on their wrinkled condition and asked permission to press them. This was readily granted, and at the time of the visit she was going at them with a will.

Many of the patients make their own beds, but it seems a rare thing for them to do anything else. Occasionally one will have a regular job, such as helping with trays, sweeping the sidewalks, doing errands, or mending, and in these cases the usual rate of pay seems to be one dollar a week.

It may be that some of the directors do not encourage the patients to do any work for fear of being accused of exploitation.

### Patients' Activities

One of the qualities about boarding homes which impresses one after visiting several is the inactivity on the part of the patients. As one goes through the various rooms, it is a rare thing to see an old person doing anything in the way of sewing, reading, or crocheting. Most of them are sitting in chairs by their beds, or, in summer, a small group may be on the porch watching traffic go by on the street.



When the directors were asked what the patients did during the day, the usual reply was that the old people did nothing; that they just sat around from the beginning of the day until its end. One director said,

They don't do anything. Early in the morning they begin looking forward to their breakfast; when that is over they begin thinking about their dinner; and after that they speculate as to what they're going to have for supper.

Another director said,

Lots of them don't have anything to look forward to except their three meals a day, and so I try to serve as attractive trays as possible.

Nearly every director, with the possible exception of one or two, commented spontaneously on the important part which their meals play in the lives of these old people. The same interest came out in conversations with the patients. Without any related comment on the part of the writer, they would begin talking about their food. During one of the interviews which took place at about 11 a.m., one sprightly old lady of eighty-four, who had all her life been a school teacher in the public school system of Boston, interrupted her extremely penetrating analysis of the war situation to ask, "What time is it, dearie? Our trays come at twelve o'clock and I always look forward to that."

In nearly every case the patients reported that the food was good. Sometimes the old ladies commented that, of course, it wasn't fixed just as they would have fixed it, and one man reported that although the quality was good, the portions were scanty, but the great majority of the comments were favorable.

To return to the subject of activities, both of the negro homes had large back yards, and in each of them, at the time of the writer's visit,



an old negro lady was working. One was raking and clearing up the yard, and the other was planting her Victory garden.

A more detailed and accurate analysis of the patients' activities will be given in the section describing visits to the individual people, but the general observation after seeing the nineteen homes is that activity on the part of the aged people is rare.

### Opportunities for Sociability and Recreation

It was intended that the emphasis of this study should be centered on the adjustment of the group of twenty-eight patients who were visited, in an effort to determine what these particular twenty-eight did in the way of recreation. Therefore, no exhaustive inquiries were made into the general recreational facilities offered in each home. No specific questions regarding facilities were asked, but the directors were asked, "What do the patients do in the way of recreation?" From the answers received and from direct observations on the part of the writer, certain criteria were then set up.

Patients visit and talk in their own rooms but do not go from one room to another

Two of the homes fell in this category. In one of them the patients reported that it was against the director's orders to go to another patient's room, and that they therefore had to stay in their own. The patients were all in rooms with at least one other, and sometimes three or four other people, so that they had some company.

Patients allowed to move about freely, to visit from one room to another

This was the case in all but two of the homes.



Patients allowed to make a cup of tea in the kitchen

This privilege was allowed in three of the homes, and a great privilege it was deemed to be by those who were fortunate enough to have it. As one of the old ladies said in her Irish brogue, "It's like home. You can go in the kitchen and make a cup of tea of an afternoon, and you sit and drink your tea and eat your cookies. Sure, it's great."

Patients have the use of a sitting room with radio, comfortable chairs

Seven of the homes had this sort of facility. In the others, all of the rooms, outside of the kitchen and the front hall, where the director usually seemed to transact her business, were made into bedrooms for the patients.

Patients play cards, checkers, or dominoes

Two of the homes reported that the patients played games, particularly in the winter when they were unable to sit on the porch.

Patients encouraged and helped to go for walks, to church, or to the library for books

Nine of the homes reported that some of the patients went out every day. There was a close correlation between excursions on the part of patients and a belief on the part of the director that these were important to the persons' well-being and happiness.

The X Home--During the visit one lady came in dressed in street clothes with a pile of books which she had just taken from the library. Mrs. X commented, "I try to get the people to go out as much as possible, it's good for them. That lady brings home an armful of books every week.

The Y Home--Mrs. Y described her efforts to procure decent enough wardrobes to enable the patients to appear on the street or at church without being ashamed. Of the ten ambulatory patients in her home, four attend church every Sunday.



The Z Home--In this home, many of the aged people go for a walk every day. They go to the shopping center to do an errand or to get their hair cut. Mrs. Z said, "I try not to have them sit around in their rooms. Sometimes it takes a little pushing to get them out, but they feel better."

#### Special parties and entertainments

Three of the homes reported that special parties or entertainments were held at some time during the year. Both of the negro homes reported that choruses came occasionally on Sunday afternoons, and in one of the homes it is customary for one of the churches to give a Christmas party every year. There are fancy refreshments and gifts of candy and money. In another home the Salvation Army gives a party every year at Christmas time.

Another director said that at least three times a year she borrowed a projector and some reels of home movies from one of her friends, and that upon these occasions they had a party with ice cream and fancy cakes.

#### Movies

No description of recreational facilities would be complete without a word about the four ladies who live in one of the homes and have two free passes every week to the movies. These ladies are able to walk around and one day they dressed themselves in their best clothes and walked to the movie house a few blocks away. There they explained to the manager that they were great movie fans, but that they didn't have money for tickets. The manager seems to have been a generous and understanding fellow, because he assured them that they might come in free any time during the early part of the week when the theater is not crowded. He telephoned the director of the home and explained the arrangement to her, and so regularly,



twice a week, these ladies attend the movies.

The homes were scored on the opportunities provided for recreation, and one point was awarded for each of the following:

- 1--providing a sitting room with radio and easy chairs
- 1--encouraging and helping the patients to go for walks
- 1--planning special parties or entertainments

These three criteria were selected because the patients who were in homes which had these facilities or activities seemed to enjoy them very much. At the same time these facilities were simple enough so that any director who was genuinely interested in her patients' recreation could provide them.

TABLE IV.

RATINGS RECEIVED BY HOMES ON BASIS  
OF RECREATIONAL FACILITIES PROVIDED

Scores Received	Number of Homes
0	10
1	3
2	3
3	3

The writer believes that the grades achieved by the various homes give a fairly good picture of the recreational facilities which the homes offer.

From observation of the nineteen homes, it was found that the small home, accepting twelve to fifteen patients, where the director is also the head nurse and is in hourly contact with the aged people, provides more in the way of homelike surroundings, opportunities for recreation, and attention to the individual patient than does the larger home. Many of the



homes which were able to take a large number of patients gave the impression of being cold, institutional, and impersonal. In some the directors were absent a good share of the time and the patients were cared for by nurses or orderlies. The absentee director did not see the needs of the patients, and the nurses who may have been aware of them were not in a position to initiate special parties or entertainments.

#### Presence of Books, Magazines, and Papers in the Homes

All of the homes had at least one daily paper. In some cases the boarding home directors themselves subscribed and passed the papers around among the patients. Many patients bought a paper with their personal money. A small number of homes had magazines which were at the disposal of the residents. Very few books were seen in the homes.

#### Visits to the Patients by Church Groups or Other Lay Organizations

As has already been reported under the section on special parties and entertainments, and under the section on religious services, four of the homes reported that outside groups visited. In one a church group came and held special services; in two others choruses came on Sunday afternoons to give concerts; and in another the Salvation Army gave a party each Christmas. These four were the only homes which told of visits by outside groups.

#### Personality of the Boarding Home Directors

A study of boarding homes is hardly complete without some mention of their most important element--namely, the personality of the director. She it is who determines not only the quantity of food which the patients receive and the amount of nursing care which is given, but also the policies governing more intangible things: the degree of freedom which they may



have--must each one stay in his own room or is he allowed to roam all over the house; are the patients scolded for mistakes and accidents, or are these accepted with good humor and patience; are the patients sure of kindly interest and affection, or does the director indicate that they are endured solely for the sake of the revenue which they bring.

Inasmuch as each director was seen only once (in one case the director was ill and the head nurse was interviewed), the writer will not venture to make any judgments as to the qualifications of the individual directors. An exhaustive study would probably show that it is as hard to generalize about the virtues and the faults of boarding home directors as about those of any other group of persons, say university professors, or social workers, and that in any group one would find good, bad, and indifferent.

The general impression gained from interviews and visits to the homes was that a large proportion of the directors were kindly, considerate women, who were sincerely interested in the patients and were attempting within the limits of their knowledge and their resources to give thoughtful, humane care. The following summaries may serve to illustrate the wide divergences in attitude and philosophy which exist between boarding home directors:

Mrs. \_\_\_\_ is a pleasant-faced negro woman. Her manner was direct, responsive, and cordial. She laughed and joked with the patients while she was showing the visitor the home, and the relationship between her and the elderly people seemed to be friendly and affectionate. She said that one needed to have lots of patience with old people; that it was necessary to study each one and discover the best way of getting along with him. "What works with one will not work with another."



Mrs. \_\_\_\_ began immediately to complain of how hard it was to collect the money for some of the patients. Recently she has insisted that she be paid in advance. She alluded by name to a patient who was sitting nearby and said, "There's Mrs. \_\_\_\_, I never did get my price for her." She talked, also within the hearing of the patients, of the ones who were incontinent and of the harm which was done to mattresses and linen. During the interview one of the patients, a blind lady, called to the director. The latter turned to the writer and said, in a voice clearly audible to the patient, "That's that blind woman. Isn't she fresh? Well, let her wait."

Many of the directors' comments indicated great understanding, sympathy, and kindness. One said, "Old folks need a little petting", and of this director a patient commented, "Mrs. \_\_\_\_ always has a kind, jolly word for everyone." Another director said, "We try to make it as much like a home as possible. It's the only home many of them have"; another said, "I always try to imagine what kind of a home I'd want my own mother to be in and try to run this one accordingly."

#### Problems Connected with Running a Boarding Home as Described by the Directors

##### 1. Difficulty of providing proper care on Old Age Assistance rates

Each of the persons interviewed mentioned this as one of the chief problems in running a home. Many said that if it were not for the fact that they had private patients and were able to make up on them the amount which they lost on Old Age Assistance cases, they would not be able to continue in business. Others, however, mentioned the fact that payment for the latter type of patient is absolutely certain, and so this compensates partially for the low rate. The problem has become particularly acute because of the rising cost of food and of help.

##### 2. Difficulty of getting help

Sixteen of the nineteen directors said that this was an acute problem.



### 3. Difficulty of providing clothing for Old Age Assistance patients

Eight of the directors said that it was difficult to provide clothing for Old Age Assistance recipients. The three dollars which the ambulatory patients receive each month to cover their personal needs is not sufficient to buy clothing, and they should use this sum for daily papers, occasional dainties, and tobacco. Two of the directors reported that they were able occasionally to get clothing from the St. Vincent de Paul Society, but this agency has many demands upon its supply.

### 4. Difficulty of satisfying some of the patients who demand a great deal of attention.

Six directors mentioned this as one of the problems.

### 5. Obtaining sufficient food of the proper type due to rationing and shortages

Six directors mentioned this as a problem.

### 6. Lack of recreational interests for the patients

Four directors mentioned this problem. One suggested that a traveling library would be a great help. She said that she bought a few magazines every month, but was unable to supply enough reading material for all the patients. She felt further that home movies were a possibility and would be a great treat.

### 7. Providing care for those patients who require a great deal of special attention

Two directors mentioned this.

### 8. Insufficient money for patients' personal needs

One director mentioned this. Up until April, 1943, the forty dollars per month, which was the usual allotment for Old Age Assistance recipients, was the rate at which patients were accepted. Therefore, the patient was



left without a cent to buy such things as a daily paper, a bar of candy, or tobacco. In April the rate was raised so that the ambulatory patients now receive three dollars per month for personal needs. The bed patients at present receive no money, since their entire allotment goes to the home, in return for the extra care which they require, but a new policy has just been adopted by the Department of Public Welfare which grants all bed patients the sum of two dollars per month for their personal use.<sup>6</sup>

#### 9. Loneliness of patients

One of the directors mentioned this as a problem. She said, "They get lonely. They sit all day with no one to say a kind word to them."

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<sup>6</sup> Miss Catherine Noonan, Supervisor, Old Age Assistance, City of Boston, personal interview.



## Chapter V.

## THE PATIENTS AS A GROUP

Age

The average age of the twenty-eight patients who were visited was seventy-seven. The youngest was sixty-eight and the eldest was ninety.

Sex

There were nineteen women and nine men in the group.

Marital Status

Fifteen of the group were widowed; eight had never been married; one had a wife living; and the four others, all men, were married but had been separated from their wives for many years. Thus only one member of the group had a spouse whom he saw regularly.

The above figures may be expressed in a table as follows:

TABLE V.

## MARITAL STATUS OF THE TWENTY-EIGHT PATIENTS

	Men	Women
Widowed	2	13
Married	1	
Separated	4	
Single	2	6

Religion

Seventeen of the group were Catholics and eleven were Protestants.

Color

Twenty-four of the group were white and four were negroes.



### Place of Birth

Fifteen of the group were born in the United States. Of the others, eight were born in Ireland; two in Canada; one in England; one in Jamaica; and the birthplace of the other was unknown.

TABLE VI.

#### PLACE OF BIRTH OF PATIENTS

Place of Birth	Number
United States	15
Ireland	8
Canada	2
England	1
Jamaica	1
Unknown	1

Several of the women who were born in Ireland said that they had come to America fifty or sixty years ago in order to take jobs as housemaids. There was at that time a flood of Irish immigration and many of the young girls entered domestic service.

### Previous Occupation

The following table shows the various occupations of the men and women of the group.



TABLE VII.  
PATIENTS' PREVIOUS OCCUPATIONS

Occupation	Number of Patients Thus Employed
<u>Men</u>	
Certified public accountant	1
Male nurse	1
Salesman	1
Bill collector	1
Sexton or caretaker	2
Dye worker	1
Paper cutter in printing shop	1
Unknown	1
<u>Women</u>	
Teacher	1
Reader and entertainer	1
Stitcher	1
Proprietor of boarding house	1
Waitress	1
Chambermaid	1
Laundry worker	1
Domestic	7
Kept house for own family	4
Unknown	1

It is interesting to note that of the group of twenty-six persons whose previous occupations were known, only six had held jobs in the white collar class. This is in line with Ruth Fuller's observation that the majority of clients receiving Old Age Assistance were formerly unskilled laborers, widows, domestic and factory workers, lodging house operators, small tradesmen, and those engaged in seasonal occupations and odd jobs.<sup>1</sup>

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<sup>1</sup> Ruth Fuller, Condition and Needs of the Aged Thesis, Boston University, 1940, p. 4.



### Previous Place of Residence

Of the twenty-eight persons who were visited, three had come from other boarding homes in which they had been living for a period of a year or more; ten had been living with relatives; and fifteen had been living alone, either in furnished rooms or tiny flats.

Of the ten who were living with relatives, it is interesting to note that in four cases the relatives were also elderly. When the latter became physically unable to care for the patients, it was necessary for them to be sent to nursing homes.

Miss A., aged eighty-four, and her brother, aged eighty-one, kept house together in the home which they had inherited from their parents. During the past winter both of them were hospitalized because of badly frozen feet. At the same time it was felt that they were not getting enough to eat, and upon their discharge from the hospital they were prevailed upon to go to a boarding home.

Mrs. B., aged eighty, lived with her mother, aged one hundred, in a small apartment in Boston's negro section. They were receiving Old Age Assistance; had their own furniture; and were managing to get along comfortably until the daughter broke her hip and had to be hospitalized. The home was broken up, the furniture stored, and the mother was sent to a boarding home. Upon the daughter's discharge, it was possible to send them both to the same home. The story is told that the mother, upon first seeing her eighty year old daughter using crutches, said, "It seems strange to see my baby hobbling around on crutches."

Fifteen, or over 50 per cent, of the group, although the average age was seventy-seven, were living alone. Of these, twelve had rooms in the South End of Boston.

Through the years the South End has had many shifts in the character of its population. About eighty years ago it was one of Boston's best residential sections and the tall brick houses, with high ceilings and wide staircases, were built on Massachusetts Avenue, Union Park, and Worcester



Square. Today the houses are still standing, but the families have moved away. A large proportion of the homes are cheap rooming houses, and it is to these that many aged people drift, attracted by the low rents. A small room on the fifth or sixth floor may be obtained for two-fifty, or even two dollars, a week.<sup>2</sup> Many of these elderly people deprive themselves of the necessary food in order that their savings may last a little longer, and dependency be staved off as long as possible. It is a familiar sight, in the South End, to see an elderly woman, dressed in old-fashioned, shabby clothes, threading her way with infinite dignity up Washington Street and carrying her small supply of groceries under her arm.

Frequently the women are able to furnish their rooms with possessions saved from more fortunate days, and, surrounded by their own things, they live fairly comfortably and happily--as long as they are well. Serious illness or a fall on an icy street bring complete helplessness and dependency. The aged person is admitted to the hospital, and when the time for discharge comes, if he cannot care for himself and if no place can be found with relatives, the only solution is a nursing home.

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<sup>2</sup> Miss Jane MacCrady, Ellis Memorial, personal interview.



TABLE VIII.  
PHYSICAL HANDICAPS OF PATIENTS

Handicap	Number of Patients Thus Affected
Totally deaf	2
Partially deaf	3
Totally blind	2
Partially blind (distinguish only between light and darkness)	2
Impaired eyesight (able to read large print only)	6
Paralyzed or crippled hands	6
Bedridden	2
Able to move from bed to chair but unable to walk	4
Walk by means of crutches	6
Walk little because of feeble condition	9

An attempt has been made to show fairly accurately the extent to which the group suffered from physical disabilities, because these handicaps directly affected the type of recreation and activity which the patient was able to enjoy. Secondly, as has been shown in Chapter IV, the opportunities for activity and recreation in the average nursing home are so limited that the patient is largely thrown upon his own resources, and any physical disability which limits these resources inevitably narrows the possibility of the patient's achieving a full, active, and happy existence. A physical handicap is limiting and frustrating under the most favorable conditions, but in a boarding home environment it is doubly so.

At the same time the personality and character traits of each individual govern to such an extent his adjustment to his physical limitations



that the same type of handicap will mean different things to different people. Thus one man suffering from arthritis and stiffened joints may give up entirely, take it for granted that he cannot move, and spend the rest of his life in a chair. Another with approximately the same degree of disability may take a daily walk. In these two cases the handicaps are the same, but because of the influence of the personal element, the amounts of activity are different.

It was difficult for Mr. M. to walk. He reported that his knees felt "wobbly" and that when he got out of his chair he was never quite sure how his legs were going to behave. He had made tremendous improvement during the seven months that he had been at the boarding home, and whereas he had been confined to his chair when he first came, he was now able to move around on the second floor. From his window he looked directly down upon the yard, and now his greatest ambition was to walk downstairs and into the garden. Once there he knew there were many things which he could do. He had once been a caretaker on a large estate, and the sight of the backyard, with its brown soil and growing plants, made his fingers itch.

Mr. S. had difficulty getting up from his chair, but once up he got along fairly well. He had been at the home six months, but had never walked outdoors. What was the sense, there was nothing to do, and besides, he was lame. He talked a great deal about the tremendous flower garden which he had had at home, but when the writer suggested that it might be possible for him to do some gardening now, he shook his head emphatically and said, "Absolutely not." The boarding home was getting paid for his care, and he wasn't going to do their work for them.

The above cases illustrate the way in which personality traits may affect physical limitations.

Of the group of twenty-eight persons, twenty-four were suffering from severe physical disabilities. Certain handicaps seemed to be more hampering than others.

The blind person, or the person afflicted with very poor eyesight, is particularly helpless in a boarding home. He isn't able to walk around for



fear of falling, and he is deprived of the solace of reading. He can listen to the radio, provided there is one. The plight of a blind man, if he is in a boarding home, surrounded by aged people and receiving little more attention than his three meals a day, is much more poignant than if he is at home, cared for by a devoted family. His family will study his needs; will see that he has a radio, and that he is kept informed of current happenings and daily gossip. It is impossible for the boarding home director to fulfill individual needs in the same way.

Of the ten patients who suffered from impairment of vision, two were totally blind and at the same time were bedridden. They enjoyed talking to people, however, and assured the writer that they appreciated her visit and hoped that it would be repeated. The others sat all day in their rooms or on the porch. This was the way in which they passed their days.

Mrs. A. lay in bed, arms and legs crippled by arthritis. She said she had always been active and that it was hard to have to lie in bed, but that was the Lord's will and He knew best. He would call her when He was ready, and she hoped that would not be too far in the future.

Mr. B.'s right hand was paralyzed. He had been a certified public accountant and said that he was about to begin a new job when the paralysis came. Now he was living only for the day when he regained the use of his hand and could go to work again. He stretched his hand out and said bitterly, "Look at it, how can anyone write with a hand like that." He talked a great deal of the excellent jobs he had held and of the way in which business firms used to send for him when there was a particularly difficult accounting job to be done. He repeated several times that he would commit suicide if he thought that he could never work again.

Mrs. A. seemed to have accepted her condition with complete resignation. To Mr. B. the paralysis of his hand seemed to symbolize the loss of many other things--prestige, a good salary, and independence--and he was



bitter and complaining. Thus a handicap becomes meaningful only when it is considered in relation to the individual person.

Inability to walk around seems to be a serious handicap in the boarding home environment. The patients who were afflicted in this way sat in their rooms or on the porch. If their eyesight was good they read, but many of them were forced to spend their days in complete inactivity.

Of the patients visited, there were three, one man and two women, who were able to get around fairly easily. They took frequent trips into town, sometimes to attend church, sometimes to visit their friends, or in the case of the ladies, perhaps to buy some little trinket, such as a new pair of earrings. Fortunately the three were blessed with sympathetic boarding home directors who encouraged these excursions. These three stood out from the rest of the group because of the impression which they gave of vitality, energy, and hopefulness. The average of their ages was eighty, but they were brimful of new plans and projects, and had a zest for living which anyone might envy. They did not reminisce, but talked about where they were going tomorrow and what they were going to do on the day following that.

Miss B. was seventy-one, a small, spry, white-haired lady, dressed in a silk print and wearing earrings and beads. She said that she went out somewhere nearly every day. Besides her visiting, she did all kinds of handwork--sewing, tatting, and crocheting--and so was busy most of the time. She sat up very straight and her eyes sparkled as she talked about her plans for finding a furnished room and reestablishing a home. She said that she had lived alone for forty-five years and she was anxious to be independent again.

Mr. M., aged ninety, was tall, straight, and spare. His clothes were immaculate and the crease in his trousers made his suit look as though it had just returned from the tailor's. The boarding home director, however, reported that he took entire charge of his clothes, washing, pressing, and mending them himself. When the



writer told him that she was from the hospital and had come to see how he was getting along, he said in his soft, drawling speech, "Well, young lady, you tell them I'm fine. I'm fine and getting fat and saucy." He did not look fat, but he certainly looked happy and very chipper. He had just returned from a trip to the dispensary to get some medicine. Every Sunday he went to church, and in between times he visited his stepchildren and his friends.

Mrs. M. was eighty. She also went out nearly every day. She showed the writer an attractive dress which she had made entirely by hand.

It may well be argued that the zest and enthusiasm manifested by these three patients was the natural outgrowth of their buoyant spirit, and that they would have been happy even though forced to spend their days in one room. It seems evident, however, that it is much easier for a person living in a boarding home to retain his enthusiasm and zest if he is able to escape from its monotony and move around in the outside world. The average boarding home is dreary and devoid of interests, and lucky, indeed, is the aged person who can travel and find excitement and interests outside. The inability to move around is a crippling handicap, not only to the body but to the mind and spirit as well.

Number of the Group Who Had Relatives  
Living within the Radius of Greater Boston

Seventeen patients had close relatives--that is, members of their immediate family, such as parents, husbands, wives, siblings, or children--living within the radius of Greater Boston. Four had distant relatives, such as nieces, cousins, and so on, living within this area. Another had children in New Hampshire, and one lady had a sister in California. The others, six in all, had no relatives whatsoever living in this country.



It should be noted also that in many cases the relatives, though living in Boston, took no interest in their aged kin and made no contribution to the patient's welfare.

#### Number of Visits which the Patients Received

##### Visits from relatives and friends

In two cases, patients had close relatives in the same boarding home whom they saw every day. These daily contacts were not counted as visits, inasmuch as the relative had not come from the outside nor for the express purpose of seeing the patient. Three of the patients were able to go out, and the visits which they paid to their relatives and friends were counted.

The following table shows the average number of visits per month which the patients received from relatives and from friends.

TABLE IX.

#### VISITS RECEIVED BY PATIENTS FROM RELATIVES AND FRIENDS

Number of Visits Received per Month	Number of Patients
0	13
1	1
2	4
4	5
5	1
8	2
30	1
32	1

The thirteen patients who had never received a visit either from a relative or a friend had been in the boarding homes on the average a period of 4.2 months. The patients who received thirty or more visits per month had devoted children who visited every day.



### Visits from ministers or priests

As has been said, it is customary for a priest to visit the home each month, to hear confessions and give communion to the Catholic patients.

Of the eleven Protestant patients, three were visited on the average of once a month by their ministers. Another reported that she had been visited once during the three months that she had been at the home, and another that she had been visited once during her five months stay.

It is probable that many of these patients had no close affiliation with any particular church, and that in those cases where there was an affiliation the minister was unaware of his parishioner's whereabouts. The Protestant ministers, unlike the Catholic priests, do not seem to have an established policy of visiting regularly those boarding homes which are in their vicinity.

### Visits from social workers

The twenty-eight patients were all receiving Old Age Assistance and hence were visited from time to time by social workers from that department. The frequency of these visits varies, depending upon the needs of the patient. The law requires that each Old Age recipient be visited at least once every six months. At present the average number of cases carried by each worker is 195, and frequent visits are impossible.<sup>3</sup>

The twenty-eight patients had originally been placed in the homes by social workers from the Boston City Hospital. Only three of the patients had been visited at the boarding homes by the workers who placed them there.

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<sup>3</sup> Miss Catherine Noonan, Supervisor, Old Age Assistance, City of Boston, personal interview.



### Extent to which the Patients Did Odd Jobs around the House

This type of activity was noted inasmuch as mental hygienists believe that the opportunity to perform some daily task or contribute in some useful way enables the aged person to gain contentment and happiness. Nine of the women patients said that they made their own beds, and two others helped around the home, carrying trays, dusting, and waiting on the other patients. Several did their own mending. The others did nothing. From these figures it is evident that a very small per cent avail themselves of this particular type of activity. Those who did help seemed to enjoy it, and one said, "I help do all kinds of things. I've always been active and I couldn't sit around now doing nothing. Besides, it makes the time pass."

There are several reasons why more patients do not do more in the way of household tasks. Some of them undoubtedly feel that their care is being paid for and that they are under no obligation to do any work. There may be others who have worked hard all their lives and are thankful, at last, to be able to sit with their hands folded. Many of the directors have their work schedules planned and contributions by patients are a hindrance, rather than a help. The aged person may need a little push and encouragement in order to interest him in a job, and if the director is unaware of the value of this activity to the patient, the encouragement will not be forthcoming.

While it is recognized that activity within the strength and ability of the old person has a therapeutic value, the experience has been that very often the older person does not recognize this



need himself and must be urged and encouraged to take part in activity.<sup>4</sup>

#### Extent to which the Group Did Handwork

Only two of the group did handwork to any great extent. They had the necessary materials and did sewing, crocheting, and tatting. Two others had no materials, but said that they would be interested in doing some if these could be furnished. Of the entire group, only four showed an interest in this type of activity.

Of the other patients, fourteen were unable to do handwork, either because of poor eyesight or inability to coordinate the movements of their hands. Four of the women who were able to do it, from a physical point of view, said they weren't interested.

#### Reading

Eighteen of the group were able to read, and of this number, two could read only the very large print in the newspaper. Eight were barred from any kind of reading because of their eyesight, and two others were senile and did not concentrate on anything. Of the sixteen whose eyesight permitted them to read for long periods, ten said that reading was one of their greatest interests and they wished they might have access to more books. Most of them had little to read outside of the daily paper and an occasional magazine furnished by the boarding home. There were very few books in evidence in the homes.

Mrs. \_\_\_\_, confined to her chair with a broken ankle, said that reading was her greatest joy. She liked movie magazines.

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4 Kate Streng Fox, "Leisure Time Activities for the Aged", Old Age Department, Jewish Social Service Bureau of Chicago, 1940, p. 2.



Miss \_\_\_\_, who had been a school teacher, said that reading was her chief interest and that she liked novels.

Mrs. \_\_\_\_ said, "If I have something to read, I'm satisfied. I like Western magazines. The stories are so clean and wholesome.

Mr. \_\_\_\_ liked religious and history books best. He had three books of his own--the Bible, a book by Judge Rutherford, and a book on Christian Science.

Mrs. \_\_\_\_ loved to read and had finished the two books which were in her room. Now she wished she had more.

From the study of the patients' reading habits, the following conclusions can be drawn:

1. A large proportion of the patients who can read enjoy it and count it one of their chief sources of satisfaction.

2. There is a dearth of reading matter in the homes. Many of the patients have access to nothing outside of a daily paper.

3. Among the patients there is a wide variety of tastes, running from movie magazines to religious books, and a boarding home could not be expected to meet all the varied demands.

### Radios

Five of the patients had radios of their own and eight others had access to them. Many of the men enjoyed the broadcasts of baseball games, while the taste of the ladies ran to music and soap operas.



## Chapter VI.

### THE ADJUSTMENTS WHICH MUST BE MADE BY THE AGED

Much has been written about the adjustments which must be made when old age comes. The older persons who were visited were under a constant compulsion to adapt themselves to the loss of everything which had formerly made their lives meaningful and happy. Among the group the following conditions, to which some kind of an adjustment had to be made, were found repeatedly.

1. Loss of relatives, friends, and other affectional ties
2. Loss of economic independence
3. Loss of a job
4. Loss of familiar and much-loved possessions
5. Loss of independence of action
6. Loss of productive and useful activity
7. Loss of physical vigor and faculties
8. Loss of interesting and stimulating experiences

A few illustrations may point out more vividly the adjustments which individuals were forced to make.

Mr. \_\_\_\_, a tall, distinguished-looking man, had been a certified public accountant and had held excellent jobs. When there was a particularly complicated accounting problem, people used to say, "Where's John, he could straighten this out." He and his wife owned a home in one of the suburbs until her death, eleven years ago. Now everything was gone--his wife, his job, his health, his home.

Mrs. \_\_\_\_ lived with her cousin in a small apartment. The patient was alone all day, but looked forward to her cousin's return at night. They would eat their supper and exchange news of the day. When the patient's physical condition became more serious and it was not safe for her to be alone all day, she came to a nursing home. She said that she was very lonely. Her cousin visited every week, but it was not like having her come home each night after work.

Mr. \_\_\_\_ was a feeble, white-haired old man. He was unshaven and his clothes were dirty and shabby. He had been living with two elderly sisters, but when his condition became worse they felt



unable to care for him any longer and he was sent to a nursing home. When the writer visited, he begged that some arrangements be made so that he could visit his sisters for a day. They were too feeble to come to him; he had had no visitors during the three months that he had been at the home and was very lonely. "If I could only go home just for a day, it would give me courage," he said.

Mr. \_\_\_\_ worked for the same company for forty-seven years and never dreamed that the time would come when the company would close and he would be without a job. That had happened four years ago, and he had had only sporadic employment since then. Now his health was poor and he realized that he would never work again. If it were not for his niece's visit every week, he'd "be lost". There was nothing to do except "stare at the four walls", but you had to "make the best of it".

Mrs. \_\_\_\_ was in bed when the writer called at 11 a.m. She was perfectly able to be up, she said, but she stayed in bed in order to make the day pass more quickly. There was nothing to do, and she didn't like this "idle life". She had run a boarding house with sixteen rooms, "You know what a lot of work that means", and now her greatest ambition was to return there and resume her old duties. "I want to get out of here," she said, "and get something to do." The difficulty was that her physical condition would probably never again permit her to do hard work and it was therefore necessary for her to accept a more sedentary type of living.

Mrs. \_\_\_\_ had been living alone in a room, furnished with things which had come down to her from her parents. When she fell and broke her ankle, the room had to be given up, the furniture stored, and she had to enter a boarding home. Now her greatest desire was to resume housekeeping, surrounded once more by her own things.

Mrs. \_\_\_\_ had been a reader and humorist, and used to travel all over the country giving entertainments. She was in a boarding home, without relatives or friends, and her activities were limited to reading the headlines in the paper and taking a short walk every day.

These illustrations have been picked at random and could be continued until the whole group of twenty-eight persons had been covered. For each person the adjustment was different, but to each one old age had brought many changes and many hardships.

Both the men and women seemed to feel that the loss of relatives and friends was the hardest thing to bear. Aside from this common sentiment,



the reaction of the two groups were a little different. The men seemed to feel the loss of a job more keenly than anything else, whereas to the women the loss of their own room and their own possessions brought the greatest regret.

Each patient differed from every other from the point of view of background, physical vigor, character traits, and so on, but they all seemed to enjoy being visited. Over and over again they assured the writer of how much they appreciated her call, and said that they hoped it would be repeated. Many said that it was a great event to have a visitor.

The patients talked of themselves--of the things which they had done, of their families, of the events in their lives which had made the deepest impression--and of current happenings. Most of them seemed to be keenly interested in the war and those who were able followed its course carefully in the newspapers. They were often delighted to have someone new to whom they could expound their theories as to why the war had come and how the peace should be made.

Only a great novelist would be able to portray truthfully and vividly the patience and resignation with which these aged people faced the loneliness and monotony of their lives. George Lawton, in his article, "Happiness in Old Age", tells of a woman of seventy

who saw the happiness of some older people in its most poignant terms: "Happiness in old age is, in a way, a happiness of left-overs. Old people get happiness out of very little things. They squeeze it in little drops out of anything they possibly can. This is necessary, for it is these little drops that help them to live. These drops are, in a sense, their life's blood."<sup>1</sup>

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<sup>1</sup> George Lawton, "Happiness in Old Age", Mental Hygiene, April, 1943, p. 236.



For many of the aged people in boarding homes, the drops must indeed be very few.



## Chapter VII.

## CONCLUSIONS

With the development of Old Age Assistance as a means of providing for the aged, economically dependent person, the use of private boarding homes has increased, so that today such homes are an important part of the pattern of care for the aged in Boston. From the material presented in the study, the following conclusions may be drawn:

1. The regulations for boarding homes, which must be complied with before a license is granted, have to do entirely with providing safeguards for the patients' health and physical well-being. They deal with such matters as fire escapes, the amount of air space, the size of the beds, the location of bathrooms, and so forth. The regulations include no requirements regarding the provision of recreational activities. Furthermore, the law states that "any suitable person"<sup>1</sup> may be licensed to maintain a boarding home, and makes no attempt to define the term "suitable".

2. Because of the fact that there is only one inspector of boarding homes and the number in the state is 777, the supervision by the department must necessarily be limited. Mr. MacDonald stated that with the small amount of time which he had to devote to each home it was impossible for him to judge accurately the type of care being given.

3. The four social workers at the Boston City Hospital whose cases provided the basis for this study reported that they had visited only 30.5 per cent of the homes which they used, and hence these workers were

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<sup>1</sup> General Laws, Tercentenary Edition, Chapter 121, Section 22 A.



of little help in supervising the homes to which they sent patients.

4. Many problems in connection with providing proper care for aged people are being aggravated by the war. First of all, the demand for boarding homes is increasing, whereas the applications for licenses are falling off. Thus it is becoming increasingly difficult for workers to insist upon homes with high standards. Secondly, the boarding homes themselves are faced with rising food costs and the difficulty of getting help, and so in some cases they refuse to take patients who require a great deal of care.

5. Thirty-five per cent of the homes studied present a drab, cheerless, shabby appearance. Many of the houses were old-fashioned and pretentious in their style of architecture. They were useful in that the large rooms provided space for five or six beds, so that fairly large wards could be created and a large number of patients cared for. However, it was difficult to make these rooms homelike and attractive. The three homes which received the highest ratings for appearance were all small and of modern design. The fact that there were three homes which were homelike and attractive showed that it was possible to maintain a pleasant, cheerful, colorful boarding home, if the director were ingenious and interested in achieving such a result.

6. The opportunities for activities and recreation offered in the homes were extremely limited, with the result that the majority of the patients sat around in their rooms and seemed to have few interests outside their meals. When the homes were rated as to provisions for recreation, only three of them received the highest score, while ten, or more



than one-third, received a score of zero.

The amount of activity provided or encouraged depended upon the director's appreciation of the patient's needs and her efforts to meet these needs. Community groups took no initiative in visiting the homes and the responsibility for planning special parties or extending invitations to groups to visit fell upon the director. If she were resourceful, sincerely interested in the happiness and well-being of her patients, and above all had some understanding of them, she attempted to provide some sort of activity or entertainment to break up the monotony of their days. If the director were not understanding and resourceful, the aged people were left without interests of any kind.

7. There was no effort in the homes to provide occupational therapy in the way of simple handwork. Those patients who did handwork supplied their own materials and were able to get outside to buy them. There was no means by which a patient could procure handwork, except by getting it herself.

8. Reading material was inadequate. A large proportion of those patients whose eyesight permitted them to read said that reading was one of their great satisfactions, and that they wished they might have more books.

9. The number of visits from relatives or friends which the group received was small. Thirteen, or nearly one-half of the group, had received no visits from either a relative or a friend since they had been in the homes.



At the same time, the patients received few visits from people other than relatives or friends. The workers from the hospital who made the original placements turned the case over to the Old Age Assistance and took no responsibility for follow-up visits. The Old Age Assistance visitors were unable to make frequent visits because of their heavy case loads.

10. The Protestant ministers and churches failed to fulfill the needs of the Protestant patients for religious expression. Catholic priests visited the homes in their vicinity once a month and gave communion to the Catholic patients. Only three of the eleven Protestant patients were visited regularly by their ministers, and in no case did a minister in the vicinity visit and talk with all the Protestant patients. In only three of the homes were Protestant services held regularly.

Briefly, many of the patients were sent to homes of which the social worker had no first-hand information, never having visited. At many of the homes there were no provisions for recreation or social life, and the aged people were forced to sit around in their rooms all day with nothing to do. For those who could read, there was the daily paper, but little else in the way of reading material. If they had relatives who visited frequently, they were lucky. For those unfortunates who had no relatives or friends, visits were rare because the hospital workers did not visit, and the Old Age Assistance workers were able to come at long intervals only because of the large number of people for whom they were responsible. The patients were relatively incapable of modifying or improving their situations and sat in the homes day after day. Some chafed against their inactivity and recalled wistfully the time when they led hard-working,



strenuous lives. Others seemed to accept their loss of independence philosophically. Many of them, however, spoke of their loneliness, and they all seemed happy to have a visitor.



## Chapter VIII.

### RECOMMENDATIONS

1. There should be a greater effort on the part of the department for licensing boarding homes to determine whether or not the applicant is capable of conducting a home wherein aged people will receive not only physical comforts, but also individual attention, prompted by sincere interest and understanding. It is difficult to outline exactly the procedure of investigation for a home, but that used by the home-finding department of certain child-placing agencies might serve as a model. In such agencies a home is approved only after a worker has made two or more long visits, has seen each member of the family, has discussed with the prospective foster mother the needs of children, and has gained some insight into the application's own philosophy of child-care. Besides this thorough investigation of the home itself, several references are interviewed. It is obvious that since Mr. MacDonald is the only person who investigates and supervises homes and the number is so large, an intensive and careful study of each home cannot be made.

So that this thorough investigation of a home might be possible, it would be necessary to enlarge the staff of the State Licensing Department, and this staff should be composed of people who like old people and understand something of their needs and desires.

Too great emphasis cannot be placed on the personality in charge of a boarding home. The task of working with old and sick people requires keen intelligence, plenty of tact and patience, and an understanding of the afflicted and helpless. A standard is only a measuring rod to be put into the hands of personnel equipped to help



these old people adjust themselves mentally and emotionally, as well as physically.<sup>1</sup>

2. The granting of licenses should depend not only upon a home's having the requisite number of fire escapes, but also upon its ability to provide a congenial, happy environment, where the aged person is given an opportunity to be active and is encouraged to pursue whatever interests or hobbies he may have.

Those who have been doing work with the aged have felt for some time that the needs of these people are not entirely met by supplying them with food, clothing, shelter, and medical care. In homes for the aged and in the community, it has been recognized that old people have recreational and social needs which are difficult for them to obtain.<sup>2</sup>

It is important not only that the value of recreation and interesting activities for elderly people be recognized by the department which licenses homes, but that the homes should be compelled to present some tangible evidence of their interest and ability in providing recreation. A recreation room, with comfortable chairs, a radio, magazines and books, and good lighting arrangements, should be as definite a requirement for the granting of a license as mattresses of a specific width.

3. There should be constant attempts by social workers, represented perhaps by the Boston Council of Social Agencies, to educate the directors as to the needs of aged people, and to outline some of the means by which these needs can be met. Recently there has been a recognition by case workers that the aged are not a type, but stand out as personalities, and

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1 Nancy Austin, "Old Folks without Homes", Survey, January, 1939, p. 11.

2 Kate Streng Fox, "Leisure Time Activities for the Aged", Old Age Department, Jewish Social Service Bureau of Chicago, 1940, p. 2.



that each one is a "product of his own life and a prey of his own hopes and fears."<sup>3</sup> A perusal of the papers presented at the National Conference of Social Work will show that during the past five years there has been a marked increase in interest in the aged. The articles in The Family show the same trend. Thus social workers as a group are being educated to understand and deal more sympathetically with the problems which are peculiar to old age. The boarding home director, however, who lives with the patient twenty-four hours a day and is the person directly responsible for giving whatever the patient receives in the way of kindly understanding and concrete help, does not benefit from the increased knowledge which is abroad in the field of social work.

It would seem logical, therefore, to establish a program of training for boarding home directors. This could be sponsored by the Council of Social Agencies and taught by workers and administrators in the Boston area who are familiar with the problems of old age. The writer recognizes that such a plan would entail many practical difficulties, but difficulties attend any kind of project and may be overcome if the desire to reach the goal is strong enough.

4. Social workers should not use homes which they have not visited, and should revisit at frequent periods those which they are using. By this means they can help supervise homes, can boycott those which do not provide understanding care, and can motivate the director to raise her standards.

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<sup>3</sup> Grace Browning, "Social Service and the Aged", The Family, December, 1936, p. 272.



5. Workers should be aware of the personalities of their aged clients, and should have enough first-hand knowledge of a boarding home to judge whether or not a patient will be happy in that particular home.

We know that each aged person is as distinct and individual a personality as is each child or each adolescent. No good child-placing agency would think of placing a ten year old in a home until the particular needs of that child had been weighed and an effort had been made to find a home whose qualifications met those needs. The writer does not mean to suggest that it is possible for the average medical social worker, operating as she does under a heavy caseload, to devote as much time to the placement of an aged person as does the child-placing worker in a similar situation. The conditions are similar, however, in that just as the child, once placement has been made, is incapable of changing it himself (except by running away), so also is the aged person relatively helpless in rectifying an unwise choice of boarding home.

If the social worker, through visiting, has a first-hand knowledge of such factors as the home's atmosphere, the personality of the director, the amount of freedom allowed patients, the standards of cleanliness, and so on, she may make more intelligent and more humane placements. She will sense that Mrs. A., who has rigid standards of cleanliness and order, will be happier in one home, whereas Mrs. B., who cares nothing about tidiness, but appreciates freedom and sociability, will be happier in another.

"...too frequently the dependent is dumped wherever there is a place that will take him. Unable to protest, there he remains."<sup>4</sup>

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<sup>4</sup> Nancy Austin, "Old Folks without Homes", Survey, January, 1939, p. 10.



The Committee on Facilities for Convalescent Care in Boston reported that

Social workers must feel a responsibility about placing persons too ill to plan for themselves in homes which come up to standard. It is they, as a group, who should be most active and influential in securing improvement.<sup>5</sup>

5. Some kind of a central bureau, devoted to the provision of more understanding and highly personalized care for the aged of Boston, should be organized.

At present there is no bureau of this type. The function of Fields Memorial, a division of the Family Welfare Society, is to provide casework service for the aged, but its work is restricted to those persons who are cared for by no other social agency.

It is probable that such a bureau should be administered by a salaried worker, but the writer feels that most of its workers could be drawn from volunteers scattered throughout the community.

First of all, what are some of the services which such a bureau might render? Perhaps the greatest service would be friendly visiting. As has already been stated, the writer found that her visits seemed to be sincerely welcomed by the twenty-eight aged people. They chatted with animation during the entire visit, and at the end cordially urged her to come again. Gordon Hamilton writes,

Nobody enjoys growing old. It is hard to be philosophical. Old people like attention and usually don't get enough of it. They love friendly visiting and would use all the workers on that basis

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5 Research Bureau, Boston Council of Social Agencies, Facilities for Convalescent Care in Boston, 1938.



that could be supplied. These needs can and should be met by better social opportunities in the community, not by increasing visits of the caseworker.<sup>6</sup>

W. H. Matthews writes,

Friendship often may be the most valuable gift to give old age, friendship that finds expression in the remembrance of birthdays, in gay parties during holiday seasons, in jonquils and tulips in time of spring, of roses in June and July, and of candies at any time.<sup>7</sup>

He goes on to say that social workers should not be oppressed all of the time by the sense that they must be one hundred per cent constructive.

It is enough if they can bring some happiness and joy to old people.<sup>8</sup>

Grace Browning says that it is impossible to provide enough caseworkers to visit the aged and suggests that some system of community visiting be worked out. She feels that this would give the aged people great happiness and that the volunteers also would get satisfaction from it.

She writes further,

When we ask ourselves how anything in the way of service is accomplished with the aged, the answer seems inevitably to be through our relationship with them. And after all, isn't that the medium of all social treatment?<sup>9</sup>

Miss Burton, who is the Supervisor of Casework at Tewksbury, said that she believed that a carefully chosen group of volunteers could do a great deal of good through friendly visiting. They have had such a group at Tewksbury over a period of years and it has been very helpful. She said that volunteers rendered service by bringing in a breath of the

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6 Gordon Hamilton, "Casework in Old Age Assistance", The Family, February, 1938, p. 333.

7 W. H. Matthews, "I Like Old Folks", Survey, April, 1939, p. 102.

8 Ibid. p. 101.

9 Grace Browning, "Social Service and the Aged", The Family, December, 1936, p. 276.



outside world. Many patients enjoy discussing politics and world affairs and a visitor would be welcomed as a listener, and as a person capable of contributing a fresh point of view. Miss Burton said further that aged people are lonely. Family ties and friends get fewer and fewer as the years pass, and any contact with a friendly, interested person is greatly appreciated.<sup>10</sup>

A second service which volunteer groups might render is the development of a program of simple handwork which could be done by patients in the homes. Gordon Hamilton writes,

The more old persons can be permitted and encouraged to suitable occupations, chiefly of an avocational character, the more they can play some part in the household, or the group, or at the work bench, the more they are alive, and for some people, life not only begins at forty, but is lots of fun at eighty.<sup>11</sup>

Miss Robinson, the occupational therapist at the Cooperative Work-Rooms in Boston, stated that she believed that a project of handwork conducted in the boarding homes could be productive as well as helpful to the aged. She felt that most older women know how to sew, crochet, or knit, and that there are many types of simple handwork which could be done by them. She mentioned knitting cotton dusters, hemming dish towels, piecing quilts, making pot-holders, and so forth. She stressed particularly that any work which they do should be directly useful, so that they might gain the satisfaction which comes through contributing toward a definite goal or project. She said that it seemed as though there must be some kind of

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<sup>10</sup> Miss Flora Burton, Supervisor of Casework at Tewksbury, personal interview.

<sup>11</sup> Gordon Hamilton, "Casework in Old Age Assistance", The Family, February, 1938, p. 333.



simple sewing or mending for hospitals, or the Red Cross, which these old ladies could do, thereby helping out at this time when labor is so scarce and so desperately needed.<sup>12</sup> The problem is to bring the materials to those people who are able and interested in doing handwork, and returning the finished product to the organization which uses it.

Handwork would, of course, have to be selected carefully on the basis of individual capacities and interests. There would be some aged people who could do none because of blindness or crippled hands. Others, having the physical capacity, would not be interested. Some could do fine work, while others could do only the roughest kind of sewing. Because of these varying capacities, a visitor who had a comprehensive knowledge of a patient's skill and personality could judge fairly accurately the type of work which she could perform, both adeptly and happily.

Mrs. Powell, District Secretary, Fields Memorial, stated that her organization would be willing to furnish funds for material if a volunteer group to undertake a handwork project could be organized.<sup>13</sup>

A third service which the proposed bureau might sponsor would be the establishment of a traveling library. The study showed that the majority of those who were able to read enjoyed it greatly, but were dependent upon the daily paper and an occasional magazine. Furthermore, their tastes were diverse and could be satisfied only by a variety of reading material. Mrs. Powell stated that she felt a traveling library would bring great

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12 Miss Ruth Robinson, Community Workshops, personal interview.

13 Mrs. Amy S. Powell, District Secretary, Fields Memorial, Boston, personal interview.



happiness to the people in boarding homes.

Having outlined the services which such a volunteer group could perform, it might be helpful to consider the function which such a group would have in the community. Briefly, its services to the aged would begin at the place where the professional social worker's leave off. At present the aged person is discharged from the hospital to the boarding home. The hospital worker closes the case and does not visit--in most cases she cannot because of the demands made upon her time by the patients within the hospital. The Old Age Assistance visitor is able to see the patient at long intervals only, and certainly does not have time to bring in reading material or plan for individual occupational therapy. On the other hand, if there were a central bureau, with groups of volunteer visitors, it might be possible for the hospital or the Old Age Assistance worker to refer those aged people who were particularly in need of individual attention, and the volunteer visitor would step in at this point and do whatever she could to make the patient's life more bearable.

6. There should be a greater effort to provide Protestant services, or at least regular visits by Protestant ministers, for patients in boarding homes. Francis Bardwell observed that old people are naturally devout<sup>14</sup> and gain solace from religion, and George Lawton wrote,

If the health of the body is essential to happiness in late maturity, then health of the spirit is a close second. Again and again did those whom we interviewed show that one of the most regular and striking accompaniments of aging is the increased hunger to explain our lives to ourselves, to discover some justification for the world

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14 Francis Bardwell, The Adventure of Old Age, p. 18.

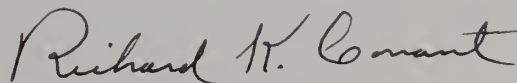


and for human nature as we have found them. Some persons in our group favored institutional and organized religions, others had a private and purely personal faith.<sup>15</sup>

It appears, therefore, that religion means a great deal in the life of older people, and that if opportunities for worship could be provided in boarding homes, they would be a source of comfort and solace. The Catholics have recognized this need by having the priests make regular monthly visits, but the Protestants have no established policy of this sort.

The writer believes that this study has served to point out the fact that the care provided in many boarding homes for aged persons is failing to meet their intellectual and emotional needs. It is necessary that programs for recreation, activities, and friendly visiting be worked out and practical experiments be tried, before any accurate judgment can be made as to the value of the recommendations which have been given.

APPROVED:



Dean

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<sup>15</sup> George Lawton, "Happiness in Old Age", Mental Hygiene, April, 1943, p. 233.



APPENDIX A



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A P P E N D I X B

SCHEDULES USED IN STUDY



# Information Regarding Boarding Home

Date of visit

Name of home

Name of director

Address

Rating of home

Location

Description of neighborhood

Description of house (exterior)

Description of house (interior)

Number of beds

Number of women

Number of men

Does the home accept bed patients?

Rates:

Bed patients

Ambulatory patients

How many of the patients in the home at present are receiving Old Age Assistance?

Have rates gone up during the past year?

Has the demand for beds increased during the past year?

Has the problem of getting help increased during the past year?

Has the director found that it is difficult to get along financially because of rising prices?

Does the director prefer to take men or women?

Why?

Is there any special religious group taken or preferred?

What does the director consider to be the chief problems in connection with operating a boarding home?

What do the patients do for recreation?

Do any of the patients do simple tasks around the house?



Are any religious services held at the home regularly?

Does a priest visit the Catholic patients regularly?

Does a minister visit the Protestant patients regularly?

Is there any person or any group which visits all the patients regularly?

Writer's impression of the amount of sociability in the home

Description of the director



# Information To Be Obtained from Boston City Hospital Social Service Records

Name

Age

Marital status

Nationality

Place of birth

Religion

Address at time of admission to hospital

Date of discharge to boarding home

Was patient referred to any other agency at time of discharge?

Did hospital worker make a follow-up visit after patient's discharge to boarding home?



# Information To Be Obtained from Patient at Boarding Home

Date of visit

Name

Names of patient's relatives

Addresses

Where was patient living before he entered the boarding home?

Was he living alone?

What type of work has patient done?

What type of handwork has patient done?

Does patient do any sort of handwork at present?

Would patient be interested in doing any?

Do relatives visit?

How frequently?

Do friends visit?

How frequently?

Does minister or priest visit?

How frequently?

What physical handicaps does the patient have?

Is the patient able to read?

If so, does he have reading material?

Does patient do any tasks around the house?

What does patient do during the day?

Does patient have a radio, or have access to one?

Recorded interview with patient:



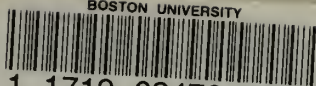








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